

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ND	71530	01-19-99
O.I.P.E. CLASSIFIER		11	1/19/99
FORMALITY REVIEW		69853	1/28/99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	7/13/01
Original	8/1/01
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15	✓
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18	✓
19	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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